

[Your Name]

[Your Address]

[City, State, ZIP]

[Email Address]

[Phone Number]

[Date]

Medical Board

National Development Complex

[Address]

[City, State, ZIP]

Subject: Request for Reimbursement and Further Medical Assistance for my Son

Dear Medical Board,

I hope this letter finds you in good health and high spirits. I am writing to bring to your attention an urgent matter regarding the medical treatment of my son and to request your assistance and consideration in reimbursing the expenses incurred.

As you are aware, I am employed as a general attendant at the National Development Complex (NDC) and have availed the medical benefits provided by the organization for myself and my dependents. I sincerely appreciate the healthcare facilities available through the chain of hospitals run by our organization in major cities across the country. However, due to the distance from our nearest hospital and the urgency of the situation, I was unable to obtain a proper referral letter before seeking medical treatment for my son.

A few weeks ago, my son suffered an injury to his arm. Upon consultation with local doctors, it was discovered that a muscle in his arm had started to harden, resulting in restricted movement. The recommended course of treatment for his condition is laser therapy, which unfortunately is not available at any of our affiliated hospitals, to the best of my knowledge. Consequently, I had no choice but to bear the financial burden of the treatment myself, which amounted to a total of 30,000 rupees.

I humbly request the Medical Board to consider reimbursing the expenses I incurred for my son's treatment. Given my financial circumstances, I am unable to bear such a significant expense on my own. I understand the importance of proper documentation and referral procedures, and I regret not being able to follow the established protocol due to the urgency of the situation.

Furthermore, I am deeply concerned about the recent deterioration in my son's condition. It is my earnest request that the Medical Section of NDC take charge of his further treatment and provide the necessary medical assistance as deemed suitable. I have full faith in the expertise and resources available within our organization, and I believe that providing the required treatment through our medical facilities will yield the best outcome for my son's health.

I have attached all the relevant medical documents and bills pertaining to my son's previous treatment for your reference. I kindly request you to review the enclosed documents and consider my request for reimbursement. Additionally, I seek your guidance on the proper procedure to ensure that my son receives the appropriate treatment promptly.

I am grateful for your attention to this matter and your consideration of my request. I eagerly await your response and guidance to proceed further.

Thank you for your understanding and support.

Yours sincerely,

[Your Name]